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Effective on 12/08/2004. ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					plete if Knov		
						Conf. #8395	
FEE IRANS	FEE TRANSMITTAL		Filing Date July 10, 20				
For FY 2	005		amed Inver		lenrik GARO		
		Examir	ner Name). Guzo		
Applicant claims small entity sta	tus. See 37 CFR 1.27	Art Unit		1	636		
TOTAL AMOUNT OF PAYMENT	(\$) 1,520.00	Attome	y Docket No	o. 0	825-0166P		
METHOD OF PAYMENT (check	call that apply)						
X Check Credit Card	Money Order	None	Other (pl	ease identi	fy):		
Deposit Account Deposit Account	Number: 02-2448 Depc	osit Account Name	_' :B	irch, Stev	wart, Kolasch	& Birch, L	LP
For the above-identified dep	osit account, the Direc	ctor is hereby	authorized	to: (check	call that apply)	
Charge fee(s) indicate	•		_	•	cated below, e		he filing fee
Charge any additional	fee(s) or underpayme	ent of	Credit ar	ny overpa	vments		
fee(s) under 37 CFR	1.16 and 1.17			.,	,		
FEE CALCULATION	VAMINATION FEFO						
1. BASIC FILING, SEARCH, AND E	LING FEES	SEARCH F	EES 1	EXAMINI	ATION FEES	•	
'	Small Entity		Il Entity	EXAMINA/	Small Entity	•	
Application Type Fee (ee (\$) Fe	ee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees F	Paid_(\$)
Utility 300	150	500	250	200	100		
Design 200	100	100	50	130	65		
Plant 200	100	300	150	160	80		
Reissue 300	150	500	250	600	300		
Provisional 200	100	0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description						<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reis	sues)					50	25
Each independent claim over 3 (inc	luding Reissues)					200	100
Multiple dependent claims						360	180
Total Claims Extra Claims	Fee (\$)	Fee Paid (\$)		<u>Mu</u>	Itiple Depend	ent Claims	
- =	x =			Fee	(\$)	Fee Paid (\$	<u>5)</u>
ł							
Indep. Claims Extra Claims		Fee Paid (\$)					
-=	× =		_				
3. APPLICATION SIZE FEE If the specification and drawings e	vacad 100 shoots of n	anar (avaludi	n a alaatuan	iosllu filo			
listings under 37 CFR 1.52(e)),	the application size for	ee due is \$250	ig election) (\$125 for	small ent	ity) for each a	dditional 50	1
sheets or fraction thereof. See				Siriari Ciri	,, 101 00011 0	admonar 5	
<u>Total Sheets</u> Extra Shee		ach additional		on thereof	Fee (\$)	Fee I	Paid (\$)
- 100 =			p to a whole			<u> </u>	
4. OTHER FEE(S)				•		Fees	Paid (\$)
Non-English Specification, \$13	0 fee (no small entity	discount)					
Other (e.g., late filing surcharge)	1401 Notice of ap	peal					0.00
1253 Extension for response within third month 1,020.00							
SUBMITTED BY							
Signature aufn-	<u>a</u>	Registration (Attorney/A		36,623	Telephone	(703) 20	5-8043
Name (Print/Type) Mark J. Nuell, Ph	ı.D.				Date	August 24	4 2005

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Name (Print/Type)	Mark Y. Nuell, Ph.D.			Date	August 24, 2005